

Centers for Medicare and Medicaid Services
Developing a Hospice Assessment Tool Status Update
Special Open Door Forum
Moderator: Jill Darling
March 13, 2019
2:00 p.m. ET

Operator: Good afternoon. My name is (Zia) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services Developing a Hospice Assessment Tool Status Update: Special Open Door Forum.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question-and-answer session. If you would like to ask a question during this time, simply press "star" and the number "1" on your telephone keypad. If you would like to withdraw the question, press the "pound" key.

Thank you. At this time, I would like to turn the conference over to Jill Darling. Please go ahead, ma'am.

Jill Darling: Great. Thank you (Zia). Good morning and good afternoon everyone. Welcome to today's Special Open Door Forum.

Before we get into today's presentation, I have one brief announcement. This special Open Door Forum is open to everyone. But if you are a member of the press, you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you have any inquiries, please contact CMS at press@cms.hhs.gov.

As always, we do appreciate your patience, I know, trying to get everyone in timely. So again, thank you for your patience today. And I will now hand the call off to Cindy Massuda.

Cindy Massuda: Thank you very much Jill. I'm Cindy Massuda. I'm the Coordinator for the Hospice Quality Reporting Program at the Centers for Medicare and Medicaid Services, our Clinical Standards and Quality Group. So we are hosting today's Special Open Door Forum to take a deep dive and provide an update on the Hospice Assessment Tool.

As you likely know, the Special Open Door Forums have been set up to provide regular updates on this Hospice Assessment Tool. Today's call provides you direct access to our contractor (and) associates with Dr. Joan Teno presenting today.

Dr. Joan Teno is a Professor of Medicine at Oregon Health and Science University. She's going to provide an update on the development of the new Hospice Assessment Tool. And she's a physician and health service researcher with over 25 years of experience conducting research that has impacted and transformed end-of-life care in the United States.

She's a Board-certified Internist with added qualifications in geriatric, hospice, and palliative care medicine, and was a Hospice Director for 18 years. Dr. Teno in an important lead on the new contract led by associates to support CMS on the Hospice Quality Reporting Program. Dr. Teno will share the objectives of pursuing development of a new hospice assessment tool and our plan development approach.

We'll give time at the end for questions and comments for this presentation today. And with that, I'm going to turn the call over to Dr. Joan Teno.

Joan Teno: Yes. Thank you Cindy. As Cindy mentioned, I'll share our latest thinking about how to approach the continuing development of the hospice assessment tool that potentially would replace the hospice item set or the HIS.

As part of the new contract supporting CMS on the HQRP, I'm going to work closely with each of you and CMS to redesign the assessment tool that will meet the guidelines of CMS and increase the value of the HQRP program that provides to patients and families, to hospice provider community, and to CMS.

Let me first start by talking about the motivation for this work. You might want to know why the CMS wants to redesign the assessment tool, and how will it differ from the HIS, how will it differ from the draft of Hospice Evaluation and Assessment Recording Tool, or the HEART.

As the slide shows, our vision for the hospice assessment tool is similar to previously motivating development of HEART. Of the note, stakeholder's feedback on the assessment instrument name was not in favor of the term HEART as it sounds too familiar to the Hospice Extraction Recording Tool or H-E-R-T or HERT. We will be thinking of new names for the assessment tool instrument in the coming months.

In the meantime, as shown on the slide, CMS wants the assessment tool that will help hospice staff better understand the care needs throughout the patient's dying process, and provide hospice with some important information to help them understand and address patient and family needs and ensure the delivery of high quality care throughout the patient's stay. It will do so in ways that will place minimal burden on actively dying patients and their families and hospice providers.

Second, the tool is going to be multi-functional. It will provide hospice providers – it will provide value to hospice providers that will form the plan of care. Just like we have seen with the Outcome and Assessment Information Set, or OASIS that provides value for home health setting over 20 years, hospice providers will be able to use new assessment tool to understand the quality of care they provide and the health needs and status of their patient, and to find more and better ways to improve care quality, carefully monitored and updated care delivery and planning.

Second, it will provide value to patients and families by helping design consumer choice of hospice programs. And also engage them in a critical decision-making in their care. In a way, hospice providers and CMS can use the assessment tool as a way to advance towards the shared goal of providing patient and family-centered care.

Finally, it provides value to CMS. CMS seeks to develop quality measures associated with the new assessment tool that are meaningful to all stakeholders and select the critical outcomes of hospice care. Measures will meet the meaningful measure initiative objectives to identify high priority areas for quality measurement development while reducing the burden of hospice providers. So be outcome-orient and also will fit well with the hospice business model.

For us to realize this potential value, it's critical that the assessment tool we developed is something that's standardized across hospices. You may ask why? Standardization allows for the aggregation and comparison across patients and hospices and between hospice and the national average. Through aggregation and comparison, hospice providers will continually address patient in agency-level decisions about care they provide.

Patients and family will have a window into valid and liable information on about the hospice program they choose. And CMS can have a basis for scientific measurement and public reporting. The bottom line is, without standardization there's limit foundation for doing these activities in a way that meets CMS standards for quality measurement reporting.

Our vision is to have this new assessment tool replace the hospice item set. As its name suggest, the hospice item set is an item set not a patient assessment. It provides only a basic set of information about the patient in his or her hospice stay.

It also restricts data capture to admission and discharge only. In contrast, the patient assessment (tool) provides a copy of the clinical assessment of the hospice patient. The assessment tool will also capture interim data and achieve a fuller understanding of patient care needs throughout the hospice stay.

It's very important to note that CMS realized that these types of transitions require investment both from CMS, and from you, the hospice providers. For the reasons we covered here, we strongly believe that the new patient

assessment tool will better serve the community than the HIS and is worth the effort.

CMS is committed to making this transition as smooth as possible and provide extensive sustained support to hospice programs as they navigated. The assessment instrument will build on the learning CMS and the HQRP stakeholders gain by working on the HEART. Our work moving forward will be to design a hospice assessment tool in a way that allows for us to respond fully to the feedback we received.

For example, hospices participating in Pilot A of the HEART tool found the timing of the HEART interim assessment does not fit well with existing workflows and processes. This created a burden for both hospice and patient. We will take this into consideration as we determine when the interim assessment should occur and the nature of that assessment.

Another example, a feedback from Pilot A found opportunities to make items in the assessment tool better reflects the likely responsiveness of patients at a time of eminent death and the likely reality that they may not be able to respond fully to assessment questions at that time. Our team will be taking this under consideration to re-craft items for the interim assessment so they make sense given the real situations faced by patients, their families, and hospice providers.

Our overtime – overall timeline for continuing the development and assess the tools in 2019 will focus on information gathering and stakeholder engagement and prepare the design for initial testing. I'll speak more about this shortly.

From there, we'll revise items and recruit hospice programs for participation in national level testing. After conducting the national level testing, we'll incorporate our learning, sum it into a derived assessment tool that – which will be moved through role-making and prepare to implement.

Now I'd like to return to a point I made earlier about the importance we placed on stakeholder engagement as a critical step in the development of the assessment tool. This will be a priority for 2019.

As new contractors, we want to listen to your concerns and advise on the next phase of developing the assessment tool. We want to learn what's important from your perspective and what you've learned by using and piloting tools in the past. We want to create an optimal tool that informs care planning, examines the intensity of services, and provides quality measures that are baked on this new assessment tool. We'll draw from our years of experience working with the home health community on OASIS and strive to deliver the same value to the hospice community.

There are going to be a number of opportunities coming up this year for you to provide your valuable input. We're going to de-brief the hospices that participated in the Pilot A. We will also reach out the technical expert channel that supported the development of HEART. These conversations will deepen our understanding of the many lessons that have already been learned and ensure our work moving forward takes full advantage of them.

We're going to conduct eight focus groups from diverse regions of the countries and types of hospice providers. We want to hear from you at the state and local level about your thoughts on developing hospice assessment tool that covers the complete hospice stay.

Some of the potential questions we'd like your input on is, what would you like to see in the admission assessment? What would you like to see in the interim assessment? What would you like to include in checklist to identify persons who are eminently dying? What would you like to see in discharge assessment? And what else should be addressed in the hospice assessment tool? Your input is key.

We already are committed to holding three listening sessions. The first is at the April 2019 NHPCO Leadership Meeting to provide opportunity for all hospice programs to provide comments and feedback. We plan on other listening sessions at future meetings with other groups to gain as wide and variety of opinions as possible.

We're going to reach out the experts including vendors of electronic health records to ensure integration of the assessment tool into EHRs. We plan on not only de-briefing with existing TEP but also convening a new TEP that will meet in critical times in the development and testing of the assessment tool to ensure we see input from diverse stakeholders.

We also will speak with consumers, especially family members or persons who died on hospice services to capture their important perspectives on the quality of hospice care.

We want to hear from you. We promise that we want to listen, to learn, and to ensure that the redesigned assessment tool provides actual information to guide care planning, the measuring of quality. Your input is important. And we welcome and ask you to provide us feedback at heart@cms.hhs.gov.

Please let us know if there's other ways we can reach out to you and hear your thoughts throughout this assessment tool process. We'll be using the HQRP website where we have provider engagement webpage. Please check out that page where we will be announcing opportunities to engage and developing the hospice assessment tool.

Of course, we'll have regular open door forums with the next one scheduled for (June 12 at 2:00 to 3:00 pm today).

We really value your input. We look forward to learning from you. We welcome any comments or questions from you on our plans for redesign in the hospice and assessment tool or any other comments.

Thank you very much.

Jill Darling: All right. (Zia), please open the lines for Q&A please.

Operator: At this time, I would like to remind everyone that if you would like to ask a question to press "star," "1" on your telephone keypad.

Please limit your question to one question and a follow-up to allow other participants time for questions. If you require any further follow-up, you may

press “star,” “1” again to rejoin the queue. Again, that’s “star,” “1” for any questions.

The first question is from Susan Wallace.

Susan Wallace: Hi. I, was wondering if you could repeat that e-mail address that you had shared for feedback?

Joan Teno: It’s our HEART mailbox, heart@cms.hhs.gov.

Operator: The next question is from Deborah Frank from Hospice of Marion.

Deborah Frank: Hi. I was wondering if Dr. Teno could elaborate a little bit on the multi-functional – the multi-functionality of the tool. For example, do you envision that it might meet requirements for, let’s say, the initial comprehensive assessment, as well as quality extraction data?

Joan Teno: Yes. Thank you very much for your question, Deborah. First of all, it’s critical that this new tool aligns with the conditions to participation. And we see really two very important purposes in the use of the new tool. One for care planning and one for development of quality measures.

I’ll ask Cindy if she has anything else she’d like to add to my comment.

Cindy Massuda: You’ve answered it well. Thank you. I don’t have anything else to add.

Joan Teno: Thank you Cindy.

Operator: The next question is from (Anne Ackerman).

(Anne Ackerman): Hi. I just have a question. I was on the original TEP. And the instrument at that time felt much more about resource utilization evaluation than quality. I just want to make sure that the new instrument has more of a focus on quality measures as opposed to what the resources are required to take care of that patient.

Joan Teno: (Anne), thank you very much for your feedback. As I mentioned, we're going to be looking towards the person that participate in the TEP to really provide us feedback, and also to address what they thought the HEART tool got right and what they think the HEART tool could be improved.

So we look forward to having a chance to speak with you further, as well as the other TEP members to make sure we understand what your concerns are and how we can improve the assessment tool. And thank you for your comment.

Operator: The next question – I'm sorry. The next question is from Cindy Carney from Goodwin House.

Cindy Carney: Hi. For those of us who weren't involved in the piloting of this tool, is there a prototype that we can look at to give us an idea of how to respond and get feedback?

Cindy Massuda: Hi. This is Cindy Massuda. We have put materials on our HEART webpage to – that we can share – that we've been sharing about Pilot – from Pilot A of HEART.

We have purposely not put out the actual details of what was done of the actual assessment. We've given how the different domains that were used, and so forth. But because the revised version of the tool is going to be significantly different, we don't want to put any information out until we have started – had testing and we're moving forward.

That said, we're sharing materials as we develop them. We shared what we can from the original Pilot A as we purposely holding these listening sessions and these special open door forums and additional – we will be sharing additional work throughout the process.

But the concern, is that, if we put – and this is what happened historically, is if we put information out there, people assumed that's the version. And to be honest with you, we are going to be piloting a version. We'll be benefitting from learning from that pilot so we can tweak it and improve upon it.

So until we get to the point we're in national testing, the ability to just share in the actual tool, we won't have that actual tool until we get to national testing. So it's going to – and if we put things out in advance, we can share as much information as possible. With the actual tool out in advance, people gravitate to it. It becomes the tool when we actually haven't made those final decisions.

So – I mean we want it to be very much of a fluid, transparent, give-and-take process. But we need the ability to get your feedback as we're doing that. So I hope you appreciate the dynamics.

Cindy Carney: Thank you.

Operator: The next question is from Shelly Coyle with CMS.

Shelly Coyle: Hi. I actually worked from – here at CMS with a lot of improvement projects in the acute care hospital, but I have a question. As you were mentioning some of the timing of the interim assessment, and I was looking through some prior slides that are on the HEART website talking about it maybe being in 60 days. Perhaps I'm curious if you have considered, in addition to workflow processes, the brevity sometimes that hospice involvement really is for some patients, as well as getting some patient-specific feedback around that in the completion of that interim assessment.

Cindy Massuda: Yes. I appreciate...

Joan Teno: Thank you.

Cindy Massuda: Go ahead.

Joan Teno: Yes. Thank you very much for your question. I think that's going to be one of the key points of our listening session in getting feedback is about the timing and the content of the interim assessment. And we are very concerned that, unfortunately, a still striking percentage of people receive hospice services in the last two weeks of life. And that's going to be a concern that we are going to think quickly about in design of this new assessment tool.

And Cindy, do you have any comments you'd like to add?

Cindy Massuda: No. I appreciate it. That is actually what we're looking to do. I mean, just kind of adding to what Joan was saying – I mean, that is exactly what we're trying to do, is appreciating what the needs are. Because the interim assessment is probably the newest piece to developing this tool.

We've obviously, for the hospice item set, we've worked on admission and discharge. So having the interim assessment, so getting that piece right is very important to us. And like Joan was saying, that's part of what these listening sessions and making sure it fits within the business model of hospices.

So putting it – when we put to the right timing, skip patterns when appropriate, and other pieces, but making sure we get that right. But that's what we're benefitting from listening to our hospices, both those that performed in the pilot, but also those who are out there right now who are at the state and local level working with these patients, getting the benefits we hear from them as we're doing these focus groups, and having these special open door forums and other venues to get that kind of important feedback. Because we definitely want to make this fit the hospice setting.

Shelly Coyle: Thank you.

Operator: The next question will come from (Andrea McSutton) with Suncoast.

(Andrea McSutton): Hello. My question is, we are a hospice EHR. We would be very interested in being on the panel or providing input along with our agencies who are participating. How would we go about doing that?

Cindy Massuda: Sure. And I appreciate that. When we get ready to do our TEP and other work, we will have information out on our provider engagement webpage. And we'll be announcing through – you'll see through other – we'll be announcing our spotlights and other ways that we'll be putting information

out there to make sure that you know all the different ways to be able to get engaged in this project.

So regardless of the different mechanisms, we'll have it on our provider engagement webpage, which is on the hospice quality reporting program website.

(Andrea McSutton): Thank you.

Cindy Massuda: Yes. And I do echo your appreciation that it's important to have an EHR skillset or that skillset is part of a technical expert panel, and also just part in general of how we think about developing this tool. So thank you very much. I appreciate your engagement.

(Andrea McSutton): Great. Thank you.

Operator: The next question is from (Anne Surrey) with Nurse Services of New York.

(Anne Surrey): Hi. Thank you. I wanted to know if CMS could provide additional detail on the intended timeline for the next phase of piloting. And if there's a criteria for pilot involvement.

Cindy Massuda: So we're going to be using this year to mostly be doing – I'll just give you a sense of what we're doing. This year to be doing the listening sessions and ramping and using that as we are developing the tool and thinking through how to design that tool.

And then probably towards about a year from now starting – about a year from now starting the first pilot. And then from there, as we get information using that, the analysis, to then help inform us to get into, if we need a second pilot, or a national testing, what the next stages are. But we expect it to be over the next couple years as we develop this tool.

This is to be involved in this process. We're expecting to be using a very diverse group. We're expecting to be working – to be geographic diversity, size diversity, business model diversity. We're looking for hospices of all sizes, hospices that use both, electronic records or hospices that are using

paper record method. We are looking to be as diverse as possible in this process so that as we do the pilot, we are – we're selecting the hospice industry as a whole.

Joan, is there anything you want to add?

Joan Teno: Oh no. That's perfect. Thank you very much.

(Anne Surrey): Thank you.

Operator: The next question is from Toby Clinkenbeard with HCHB.

Toby Clinkenbeard: Hi. Yes. Thank you. I just got in line to ask a question as well about vendors. And so it was already asked and we know how to do that.

I think one of the follow-up questions that I would have is just talk about these assessment items being involved and part of the plan of care. And just, we want to make sure as we go through that, the plan of care seems to be – would be around problems, goals, and interventions versus the assessment items which OASIS is not part of the home health plan of care. So just any kind of clarifications on OASIS given those assessment items will flow to the plan of care, or the plan of care will still be person-centered, problems, goals, and interventions.

Joan Teno: So my vision for this is that this was going to be helpful to you in developing a plan of care but will not replace the EHR portion of the plan of the care. Rather, it would be – for example, to give an example of pain, it would allow you to have the information that you need to know about what the severity is and the etiology of pain. But then everything else would be the same in the EHR in terms of developing a care plan.

Toby Clinkenbeard: OK. Perfect. So the assessment is still driving the need to identify if there was a problem, then what is the person-centered goal of intervention to how to address that. So perfect. Thank you.

And again, at Home Care Home-Based, we'd also like to be part of the vendor TEP. And we'll follow the website as well. Thank you.

Joan Teno: Thank you.

Operator: The next question is from (Melody Foster) with Transition Life.

(Melody Foster): Hi. Yes.

Would you be sending out information on the webpages that you mentioned, such as the upcoming calls schedule and the provider engagement webpage? Because I'm not familiar with that and where that's located.

Cindy Massuda: Sure. I mean, the easiest ways to locate the information for the Hospice Quality Reporting webpage is to literally do a Google search – I mean, to read out the whole http line is very long-winded. And so it's much easier, just literally do a Google search and put in CMS HQRT and you will get to the CMS webpage for our Hospice Quality Reporting webpage.

And from there you will see, on the left-hand side, all the different webpages within that website. And one of them is on provider engagement, and one of them is on HEART.

And just want to comment, as there's other – multiple other links on that page, on the left-hand side, to take to different pages, whether you want to look at public reporting or you want to look at just spotlight announcements. It's all there.

And if you have any questions once you're on there, feel free to e-mail to the hospice quality mailbox or you can e-mail the HEART mailbox if you have any questions. It's heart@cms.hhs.gov.

(Melody Foster): Thank you.

Operator: The next question is from Debbie Lockhart with Circle of Life. Debbie, your line is open.

Debbie Lockhart: I'm sorry. Yes. My question was, I do understand that you do not want to send out a lot of information from the (old palla day) that people might think,

“Oh, this is the new tool that we’ll be using.” Because I was involved in (turning) when we started the OASIS back years ago.

But I was wondering if there would be any way that you could just put a few small examples together of different sections of what that tool would be so that it would give us a little bit of idea of currently what you’ve been looking for and how we might be able to add some valuable information to the things that we see in hospice that may be would help with that assessment, that HEART assessment.

Cindy Massuda: This is Cindy. I very much appreciate your question and totally support what you’re saying. We are actually, at this point, looking at doing the listening sessions. So we don’t want to put the cart before the horse. So as we are doing – as we are hearing and getting feedback, as we’re developing – and using that in part of our thinking, we will be putting information out. So as we get further along and get into, probably it’s more like the focus groups, further into the process prior into getting into pilots, I think, we would be putting out more and more information so that we can get feedback on those pieces.

But we’re trying to make this – we want to make sure we are making this – we are listening to the industry and we are making this as something that is useful to you in the industry. Because we’re expecting it to be, as Joan was saying, part of your clinical processes so it’s used on regular part of your daily care.

And at the same time, something that we’d be working with the CMS. So it has to be a very well-thought-out tool. And at the same time, obviously, we want to make it as electronic as possible so that we have to work out all those pieces. So at this point – so we will be sharing information as we have it available to get your feedback and to get your input. So very much appreciated.

Debbie Lockhart: I understand. And that’s great that coming down the pipe we’ll have a little bit of more information. So thank you so much.

Cindy Massuda: Thank you.

Operator: The next question is from Eugenia Smither with Hospice Care Navigators.

Eugenia Smither: Thank you. I was particularly interested when you – on the slide 18 where you talked about the different methods for the HEART admission assessment. And that the pilot size used the approach of having the bedside nurse fill out the form and they found that to be less burdensome on the clinical staff.

I guess I'm struggling to rut my head around that when I look at all the variables you had listed for the different areas that you wanted information on, and again, not being able to see the tool. It just seems like some of those administrative pieces and interpretation of, at least, what we're finding on the HIS side, the interpretation of what's actually being expected to be answered there, that we have to partner with the clinical staff in order to make that happen on the administrative side.

So can you enlighten me a little bit more on how the TEPs fill in that spot?

Cindy Massuda: Yes. This is Cindy again. When we did the – when – in Pilot A, when they were looking at the admission assessment for HEART, it very much followed the hospice item set admission assessment. And so we – and there were definite – we got feedback. A lot of being, trying to make it – so we weren't redundant of what was being done if they were working up comprehensive assessment.

So we were – we are looking at how to make the assessment we do on admission flow well with the hospice. But that's – if the assessment – if the admission assessment in HEART followed very closely to the hospice item set admission assessment. And that's not like – it may not be that way. Well, we want to make it as – some of the feedback we want to hear as we're planning for how we want to do this new tool – revised version of the tool.

And if you have suggestions, we're glad to hear it.

Joan Teno: Yes. And I'd like to add to it. Obviously you're very, as a leader in hospice quality, you're very experienced. So we really want your input and we want

your comments on how we can design the assessment tool to fit within the workflow of hospice, and to make it parallel without adding more burden, and not having always to go back to the medical record to abstract it.

So your input is going to be really valuable. And we're going to be counting on you.

Eugenia Smither: Thank you Joan.

Joan Teno: You're welcome.

Operator: The next question is from (Chris Lesley) with Permanente Washington.

(Chris Lesley): Hi. Are you going to be including any home health OASIS experts as consultants for this project or on the listening sessions? And the reason for that question is that I have a concern that the OASIS, the home health OASIS questions were written in a manner that was challenging for clinicians to clearly understand what the intent of the question was or what it was really measuring. And so as a result, home health agencies have to invest in tremendous amount of resources for training and auditing clinicians due to the non-intuitive nature of the OASIS improvement-based questions.

So for example, one of the trainings that our hospice – I mean, I'm sorry, our home health does around OASIS training for new clinicians, is we leave it with a statement of, there's a right way or OASIS way of answering the question, and there's a wrong way.

And it all have to do with CMS knows what it wants in the question, but it's not intuitively written that way. So clinicians answer to certain way and that makes the quality measures and improvement for OASIS sometimes very challenging without a lot of training to how the question is written.

Cindy Massuda: Your feedback is exactly the kind of information we want to hear as we're developing. Because we're not looking to replicate OASIS. We've talked about OASIS in this conversation as – because a lot of hospices, obviously,

are familiar with it, because a lot of hospices also have home health agencies so it's familiar.

But that is, we're not looking to replicate OASIS but to take what's good from it, or apply what's good from it too, as we're developing this new tool for hospice. But we very much want your feedback.

Joan Teno: Yes. And we very much want specific examples that you are able to provide us on what you feel didn't go well and what you felt went well. So that we can learn from your very practical experience that you happen to feel so that we can try to make this as a tool possible to meet not only the needs of providers but also the needs of CMS and the needs of patients and families.

Cindy Massuda: I mean we purposely set up the HEART mailbox so that we have an ability to look at all the questions and review and think through. And so if you can send information to heart@cms.hhs.gov, very much appreciated.

(Chris Lesley): Thank you.

Operator: The next question is from Kendall Carnie with Kindred Hospice.

Kendall Carnie: Thank you very much. I – with all of these questions that have been asked, I apologize if this has already been addressed. But I find it extremely helpful with the current status where we have, at our disposal, the initial comprehensive assessment for those instances when a patient and/or family truly cannot tolerate the length of the comprehensive assessment at the time of admission.

And I know earlier in the call, it was addressed that the HEART as it is now in its current state was a bit lengthy. My question is, is there a plan to have an abbreviated version for those instances when indeed the patient and/or family cannot tolerate the longer or more complete version?

Joan Teno: So Joan Teno here. One of the key questions we'll be asking both experts, the TEP, and in listening sessions, is, what do you think are the key items that

need to be collected as part of admission assessment for someone who's actively dying?

And so your feedback on, what is the most important thing that you need to do for care planning, is going to be critical to the development of that assessment tool. And one of the possibilities is the assessment tool will be streamlined for those people who are actively dying.

Kendall Carnie: Wonderful. Thank you so much.

Joan Teno: You're welcome. Thank you for your question.

Operator: The next question is from Nicole Strauss with Gilchrist.

Nicole Strauss: Good afternoon everyone. I just had a quick question. Earlier in the call, Dr. Teno, you mentioned that there would be a session at NHPCO this year about the HEART tool.

And I'm on their website and I cannot find anything specific. I see in hot topics like we did last year with Jennifer Kennedy. But I don't see anything addressing the HEART tool specifically. Do you happen to know the name of, or the title of that session?

Joan Teno: We will be getting information out to you. It's a listening session so there will be three times throughout the conference, from Sunday to Tuesday, where you can come and provide feedback to us and that we can try to listen and learn from your experience and understand what your needs are and give advice.

There will be a formal announcement coming on the HQRP website. We're just formulating these plans, but there will be, at least, three 90-minute sessions. So that it won't interfere with you when attending parts of the conference. And it would give you a chance at early morning or in late evening to provide us your very important feedback.

Nicole Strauss: Great. Thank you.

Joan Teno: Thank you.

Operator: The next question is from Catherine Cosgrove with Partners Hospice McDowell.

Catherine Cosgrove: Thank you. This comment really follows up with Kendall's from Kindred, in relationship to those patients who might be either eminently dying since your data suggests that 30 percent of our population is within seven days of death. There's not any real way to identify the patient's response to pain and discomfort. And we'd like you to consider how that would be taken into consideration especially if there's nobody to report.

Joan Teno: Yes. Thank you Catherine for your question. I think you're raising another very important challenge in the design and instrument. You need to have ways of assessing pain in a person who intermittently responsive or unable to report the pain. And that will be a very important design consideration.

We know already that within the current framework of payment policy in hospice that people – that an expert nurse can assess pain, and even in a non-verbal patient use her assessment to elevate someone to (TID) when they feel that patient needs that level of pain.

So that will be a very important question that we will ask providers to provide us input and a very important design feature of the new assessment tool.

Male: Thank you.

Operator: The next question is from (Kathy Niberding) with EPH Health Hospice.

(Kathy Niberding): Hi. I was dovetailing on the question that was just talked about with short length of stay. And so would there be any exception for the interim assessment to be not completed because there's such a short time between admission and definite discharge?

Joan Teno: I think that again, we want to hear what the input is from the hospice providers and get your input on what is critical or that assessment to be done to manage the patient and develop the care plan for that patient.

So I think we're going to really listen to what your concerns are. I've been a hospice medical director for about 18 years. And I realized that when I was covering the hospice in-patient unit, sometimes we're admitting patients who were only alive for an hour and the priority of care is symptom-control at that point.

We're going to listen to what your concerns are. And also, try to make sure that we're not being minimize the burden to the actively dying patient and their family. It's a very important concern. And thank you for your question.

(Kathy Niberding): Thank you.

Operator: The next question is from Marlene Gregory with Great Lakes Caring.

Marlene Gregory: Yes. Good afternoon. Most of my questions were answered via other people asking.

So what I was wanting to know is, once you kind of build a model together, would there ever be opportunity to WebEx it on one of these conference calls so that we could kind of get a look at what you're seeing?

Cindy Massuda: This is Cindy. Yes. In the future, we would set that up. We definitely are going to be working very closely with the industry. As we're developing this – I mean, right now, I don't want you to think we have this tool sitting in our back pocket ready to launch.

We don't. We are developing it, which is why we're doing listening sessions for several, several months this year, for almost the entire year, before we ever go out into pilot testing. And when we have something that's ready that we're looking to do with the much broader industry so that we're ready to go out nationally, we would be definitely sharing and doing webinars and keeping people informed.

And through that time, and we're having regular special open door forums, I mean today, and we have one back in September, have been this kind of opportunities we've done through, these calls with questions and answers.

But at the right –when the time is appropriate, we’ll be doing more of a webinar style.

We do provide the materials related to these calls. We have slides on our webpage. We had a few slides for today more asking – giving the types of questions, focus questions to ask of you to help us develop this tool. And we’ll continue to do that.

So regardless whether we do it this way that’s oral, and we put the materials on our webpage that you can pull this from our download section, or we do it as an actual webinar where we just play it, we will be doing that in these formats.

Thank you very much.

Marlene Gregory: Thank you.

Operator: And at this time, there are no further questions.

Cindy Massuda: So I just want to thank you very much for participating in today’s special open door forum. As I was saying, we’re going to be having regular special open door forums on this topic. And we also will be continually updating our Hospice Quality Reporting website, the HEART webpage.

I just want to note, we will be changing the name on our website where it says HEART. We will be changing it. At this point, it will have a generic name, Hospice Assessment Tool, as we are working to develop a new name.

And that’s based on your input that, as Joan was saying, that we – people have found that using HEART, H-E-A-R-T, is very confusing with H-E-R-T that has long been established in hospice as part of data – for data collection.

So we are looking to rename it. So you will find it currently under HEART. We will be making an announcement and have spotlight announcements as we make those updates to the webpage so it’s easy for you to know that the Hospice Assessment Tool is what we’re currently using as the name until we come up with the actual name for this new tool.

But very much appreciate your interest. And we will be informing you through our webpages, and through Listservs. I hope that everybody has signed through this Listservs, both through the special open door forum and through the hospice quality reporting webpage.

And with that, I'll turn it over to Jill.

Jill Darling: Well, thank you everyone for joining today's Special Open Door Forum. Have a great day.

Operator: Ladies and gentlemen, thank you for participating in today's conference. You may now disconnect.

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